Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-9-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 00630-P3 rendered on 11-7-02.

II. FINDINGS

The respondent denied reimbursement based upon "U – No further medical."

On 10-17-02, the respondent's representative, ____, gave preauthorization approval for "right posterior lumbar decompression discectomy L5-S1." The anesthesia services were provided for the preauthorized procedure; therefore, the insurance carrier violated Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. This dispute will be forwarded to the Division of Compliance and Practice for further investigation.

III. RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
11-7-02	00630P3	\$1275.00	\$0.00	U	RVU of 8	Rule 134.600	Anesthesia report supports
	(120				P3 = 1	Rule	service billed per MFG,
	minutes)				Time = 6	133.301(a)	reimbursement of amount
					Total = 15 X	Anesthesia	requested on TWCC-60 table
					\$40.00 = \$600.00	GR (I)(B)(1-	which is less than MAR in
					for	4), (I)(C)(2)(a)	MFG is recommended.
					anesthesiologist		
					and \$525.00 for		
					CRNA		
TOTAL							The requestor is entitled to
							reimbursement of \$520.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (00630P3) in the amount of \$ **520.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$**520.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR TRACKING#: M4-03-6843-01

The above Findings, Decision and Order are hereby issued this 2nd day of April 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division